

Recipient Committee
Campaign Statement

(Government Code Sections 82100-82115)

Type or print in ink.

COVER PAGE

REVIEWED BY
S. Black
City Clerk/Dep. City Clerk
Date 10/27/00

Statement covers period
from OCTOBER 1, 2000
through OCTOBER 21, 2000

Date of election if applicable:
(Month, Day, Year)
NOVEMBER 7, 2000

Date Stamp

RECEIVED
00 OCT 25 PM 4:04
CITY CLERK
CITY OF LODI

CALIFORNIA
FORM 460

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For Official Use Only

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees -- Complete Parts 1, 2, 3, and 7.

- ☒ Officeholder, Candidate
Controlled Committee
(Also Complete Part 4.)
- ☐ Ballot Measure Committee
- ☐ Primarily Formed
☐ Controlled
☐ Sponsored
(Also Complete Part 5.)
- ☐ Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 6.)
- ☐ General Purpose Committee
- ☐ Sponsored
☐ Broad Based

2. Type of Statement:

- ☒ Pre-election Statement
- ☐ Semi-annual Statement
- ☐ Termination Statement
- ☒ Amendment (Explain below)
- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Pre-election
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
942177

COMMITTEE NAME

COMMITTEE TO ELECT KEITH LAND

STREET ADDRESS (NO P.O. BOX)

2584 FRONTIER LANE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LODI	CA	95242	(209) 368-6708

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

POST OFFICE BOX 1446

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LODI	CA	95241	(209) 368-6708

OPTIONAL: FAX/E-MAIL ADDRESS

LAND@LODINET.COM

Treasurer(s)

NAME OF TREASURER

DAVID L DUNCAN, CPA

MAILING ADDRESS

1820 WEST KETTLEMAN LANE, SUITE A

CITY	STATE	ZIP CODE	AREA CODE/PHONE
LODI	CA	95242	(209) 339-0100

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

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FORM 460

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4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

KEITH LAND

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

LODI CITY COUNCIL

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
2584 FRONTIER LANE LODI CA 95242

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

6. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

7. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on OCTOBER 26, 2000
DATE

Executed on OCTOBER 26, 2000
DATE

Executed on _____
DATE

Executed on _____
DATE

By Keith Land
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Keith Land
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

Statement covers period
from OCTOBER 1, 2000

through OCTOBER 21, 2000

CALIFORNIA
FORM 460

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I.D. NUMBER

942177

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>4,231.27</u>	\$ <u>9,949.50</u>	\$ <u>14,180.77</u>
2. Loans Received <i>Schedule B, Line 7</i>	<u>0</u>	<u>0</u>	<u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>4,231.27</u>	\$ <u>9,949.50</u>	\$ <u>14,180.77</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>	<u>500.00</u>	<u>500.00</u>	<u>1,000.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>4,731.27</u>	\$ <u>10,449.50</u>	\$ <u>15,180.77</u>

Expenditures Made

6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>1,090.15</u>	\$ <u>7,155.29</u>	\$ <u>8,245.44</u>
7. Loans Made <i>Schedule H, Line 7</i>	<u>0</u>	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>1,090.15</u>	\$ <u>7,155.29</u>	\$ <u>8,245.44</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>	<u>2,109.90</u>	<u>1,251.00</u>	<u>3,360.90</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>	<u>500.00</u>	<u>500.00</u>	<u>1,000.00</u>
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>3,700.05</u>	\$ <u>8,906.29</u>	\$ <u>12,606.34</u>

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>2,794.21</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>4,231.27</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	<u>0</u>
15. Cash Payments <i>Column A, Line 8 above</i>	<u>1,090.15</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>5,935.33</u>

If this is a termination statement, Line 16 must be zero.

* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 1, Column (b)</i>	\$ <u>0</u>	
20. Contributions Received <i>See Instructions on reverse</i>	\$ <u>500.00</u>	<u>14,680.77</u>
21. Expenditures Made <i>Add Line 2 + Line 9 in Column C above</i>	\$ <u>22.00</u>	<u>12,584.34</u>

Schedule A
Monetary Contributions Received

Type or print in Ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>OCTOBER 1, 2000</u> through <u>OCTOBER 21, 2000</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10-12-00	KEITH LAND 2584 FRONTIER LANE LODI, CALIFORNIA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	BANKER F & M BANK	63.27	563.27	
10-02-00	CHARLES C. CHATFIELD 1 WINEMASTER WAY LODI, CALIFORNIA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	CONTRACTOR CHATFIELD CONSTRUCTION	100.00	100.00	
10-02-00	JOSEPH K. HANDEL 1133 CHATEAU COURT LODI, CALIFORNIA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	INVESTOR RETIRED	100.00	100.00	
10-02-00	JERRY D. HEMINGER 619 WILLOW GLEN DRIVE LODI, CALIFORNIA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	100.00	100.00	
10-03-00	CALVIN & DELLA SUESS 1249 SOUTH AVENA AVENUE LODI, CALIFORNIA 95240	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	NUT PROCESSOR LODI NUT CO. INC.	100.00	100.00	

SUBTOTAL \$ 463.27

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$463.27 + \$1,550.00 + \$500.00 \$ 2,513.27
- Amount received this period – unitemized contributions of less than \$100 \$ 1,718.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 4,231.27

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in Ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>OCTOBER 1, 2000</u> through <u>OCTOBER 21, 2000</u>		CALIFORNIA FORM 460
Page <u>5</u> of <u>10</u>		
NAME OF FILER COMMITTEE TO ELECT KEITH LAND		I.D. NUMBER 942177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10-03-00	POLICE OFFICERS ASSOCIATION OF LODI POST OFFICE BOX 116 LODI, CALIFORNIA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00	100.00	
10-04-00	KENT & PATRICIA STEINWERT 861 WEST TURNER ROAD LODI, CALIFORNIA 95242	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	BANKER F & M BANK	250.00	250.00	
10-04-00	LANGETWINS PARTNERSHIP 1298 WEST JAHANT ROAD ACAMPO, CALIFORNIA 95220	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00	100.00	
10-06-00	CENTRAL VALLEY WASTE MANAGEMENT AN AFFILIATED ENTITY OF WASTE MANAGEMENT, INC. 1383 EAST TURNER ROAD LODI, CALIFORNIA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		250.00	250.00	
10-11-00	CANTON DEVELOPMENT 1029 SOUTH CHURCH LODI, CALIFORNIA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100.00	100.00	
10-13-00	FARMERS & MERCHANTS BANK 121 WEST PINE LODI, CALIFORNIA 95240	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		750.00	750.00	
SUBTOTAL \$				1,550.00		

*Contributor Codes

IND - Individual
COM - Recipient Committee
OTH - Other

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>OCTOBER 1, 2000</u> through <u>OCTOBER 21, 2000</u>	CALIFORNIA FORM 460
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NAME OF FILER COMMITTEE TO ELECT KEITH LAND	
I.D. NUMBER 942177	

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10-16-00	GENERAL MILLS BOX 3002 LODI, CALIFORNIA 95241	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		500.00	500.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

*Contributor Codes

IND - Individual
 COM - Recipient Committee
 OTH - Other

Schedule C
Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period
from OCTOBER 1, 2000
through OCTOBER 21, 2000

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

I.D. NUMBER

942177

COMMITTEE TO ELECT KEITH LAND

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10-21-00	SWINNEY KIEHN & DUNCAN, CPA'S 1820 WEST KETTLEMAN LANE STE A LODI, CALIFORNIA 95242	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH	CERTIFIED PUBLIC ACCOUNTANTS	CLERICAL SERVICES	500.00	500.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 500.00

Schedule C Summary

- Amount received this period – nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.) \$ 500.00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$ 500.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period

from OCTOBER 1, 2000

through OCTOBER 21, 2000

CALIFORNIA FORM 460

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I.D. NUMBER

942177

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LIT campaign literature and mailings
MTG meetings and appearances

OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads
RAD radio airtime and production costs

RFD returned contributions
SAL campaign workers salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging and meals (explain)
TRS staff/spouse travel, lodging and meals (explain)
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LODI NEWS-SENTINEL 125 NORTH CHURCH LODI, CALIFORNIA 95240	PRT		372.88
U.S. POSTMASTER 120 SOUTH HAM LANE LODI, CALIFORNIA 95241	POS		495.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 867.88

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 867.88
- Unitemized payments made this period of under \$100 \$ 222.27
- Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 1,090.15**

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>OCTOBER 1, 2000</u> through <u>OCTOBER 21, 2000</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT KEITH LAND

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*

CVC civic donations

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LIT campaign literature and mailings

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging and meals (explain)

TRS staff/spouse travel, lodging and meals (explain)

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
VALLEY OUTDOOR AD 709 WEST KETTLEMAN LANE LODI, CALIFORNIA 95240	OUTDOOR BILLBOARDS	1,251.00	0	0	1,251.00
CALIFORNIA VOTER GUIDE 1658 WEST CARSON STREET, SUITE 454 TORRANCE, CALIFORNIA 90501	LIT	0	650.00	0	650.00
CITIZENS FOR REP GOVT 9000 SUNSET BOULEVARD, SUITE 707 LOS ANGELES, CALIFORNIA 90069	LIT	0	704.00	0	704.00
SUBTOTALS \$		1,251.00	\$ 1,354.00	\$ 0	\$ 2,605.00

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) $\$1,354.00 + \755.90 INCURRED TOTALS \$ 2,109.90
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) PAID TOTALS \$ 0
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) NET \$ 2,109.90
May be a negative number

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

Type or print in Ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE F (CONT.)

Statement covers period from <u>OCTOBER 1, 2000</u> through <u>OCTOBER 21, 2000</u>	CALIFORNIA FORM 460 Page <u>10</u> of <u>10</u>
NAME OF FILER COMMITTEE TO ELECT KEITH LAND	
I.D. NUMBER 942177	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	OFC office expenses	RFD returned contributions
CNS campaign consultants	PET petition circulating	SAL campaign workers salaries
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and production costs
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging and meals (explain)
FND fundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodging and meals (explain)
IND Independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)	TSF transfer between committees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration
MTG meetings and appearances	RAD radio airtime and production costs	WEB information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
VOTER INFORMATION GUIDE 13701 RIVERSIDE DRIVE, SUITE 604 SHERMAN OAKS, CALIFORNIA 91423	LIT	0	400.00	0	400.00
DEEM & DEEM MARKETING COMMUNICATIONS POST OFFICE BOX 199 CLEMENTS, CALIFORNIA 95227	PRINTING	0	355.90	0	355.90
SUBTOTALS \$		0 \$	755.90 \$	0 \$	755.90